

GEORGIA STATE UNIVERSITY
COVID-19 Alternative Educational Arrangement Request Form

In response to the COVID-19 public health emergency, Georgia State University (GSU) will provide an alternative educational arrangement for students who are or might be at an increased risk from COVID-19 as published by the Centers for Disease Control (CDC).

- **A student must fit into a CDC category indicating they are or might be at a increased risk from COVID-19 to be considered for alternative educational arrangements in response to the COVID-19 public health emergency.**
- GSU may require documentation from your health care provider regarding your qualifying circumstance or health conditions.
- It is the student's responsibility to ensure that your health care provider documentation or other supporting documentation is provided to AACE.
- Students may be required to engage in an interactive process with AACE to explore alternative educational arrangement options.
- Students do not need to disclose their health condition to their instructors. Medical records and information should only be submitted to AACE, where they are maintained in a confidential manner.
- Approved alternate educational arrangements will end no later than upon the conclusion of the public health emergency as determined by CDC.

Students requesting alternative educational arrangements must submit a completed COVID-19 Alternative Educational Arrangement Request Form (Request Form) to the AACE Office.

The Educational Arrangement Request Form must be downloaded to your computer first, then completed, resaved, and sent as an email attachment to the [campus of your choice](#).

For assistance with the request process or form, please contact [AACE](#). For additional information, please check the AACE website, <https://access.gsu.edu> or the Georgia State Ahead website, <https://ahead.gsu.edu>.

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STUDENT INFORMATION			
Student Name:		Panther ID #	
Home Phone #:	Cell Phone #:	E-mail:	
Date of Birth:	Campus:	Student Status: Current	or Transfer
(choose one)			
VOLUNTARY DISCLOSURE OF HEIGHTENED RISK: What CDC published circumstance or underlying medical condition do you have indicating you are or might be at an increased risk for severe illness from the public health emergency?			

<p>REQUESTED ALTERNATIVE EDUCATIONAL ARRANGEMENTS:</p> <p>What specific alternative educational arrangement are you requesting? Please select from the options below or identify the arrangement requested in the space provided.</p> <ul style="list-style-type: none">Modification of in-person component of course (ex. online, lecture capture, synchronous/asynchronous)Modified arrival/departure times for classesCourse substitutions (with permission of the appropriate academic department)Preferential seatingOptions to check-out assistive technology (please describe) Other: <p>Approved Alternative Educational Arrangements will end no later than the end of the public health emergency as determined by the CDC.</p>

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SUPPORTING MEDICAL DOCUMENTATION

Supporting medical documentation is required in most cases to be considered for Alternative Education Arrangements. Please describe the supporting medical documentation of CDC recognized circumstance/underlying health condition that is attached.

PHYSICIAN CONTACT INFORMATION: Your physician may receive communication from AACE requesting information about your CDC recognized circumstance/underlying health condition and recommendations for alternative educational arrangements.

Physician's Name:

Physician's
Email Address:

Physician's
Telephone #:

Physician's
Address:

STUDENT AUTHORIZATION

I authorize a representative of the GSU Access and Accommodation Center to communicate directly with my health care provider for confirmation of the CDC recognized circumstance or underlying health condition and clarification regarding my need for an alternative educational arrangement.

Student Signature

Date

STUDENT CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact AACE regarding any changes or deviations to this request once submitted.

Student Signature

Date

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AACE USE ONLY

All required documentation received from student: No Yes Received on date:

Documentation confirms CDC recognized circumstance/underlying health condition: No Yes

Alternative Educational Arrangement Approved Denied

If approved, describe alternative educational arrangement:

AACE Representative Signature

Title

Date